

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) | | | | | | | SERIAL NO. | FILING DATE |
|--|----------|------|------------------------|------|------------------------|------|---------------|-------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | INO. | DEF. | INO. | DEF. | INO. | DEF. | | |
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| TOTAL INO. | 2 | | | | | | TOTAL INO. | |
| TOTAL | 29 | 32 | | | | | TOTAL | |